



Archdiocese of Agana
 196 Cuesta San Ramon, Ste. B, ■ Hagåtña, GU 96910
 Tel: (671) 472-6116
 Fax: (671) 477-3519

EMPLOYEE PROCESSING OUT CHECKLIST

EMPLOYEE NAME

LAST DAY OF EMPLOYMENT EMP. NO.

Employee and Supervisor:

- Resignation Letter if Applicable / Re-Appointment
- Return of Company Asset Form
- Final Time Card
- Others:

Employee & Accounting:

- Accrued Vacation Leave No. of Hours: _____
- Employee Advances Amount: \$ _____
- Gas Card Balances Amount: \$ _____
- Turn In & Cancel of Gas Card Amount: \$ _____
- Cobra Insurance (Complete Attached Form)
- Verification of Preferred Mailing Address on File (for W-2GU & Others)
- Final Check Delivery Preference
 - _____ Mail when Ready
 - _____ Hold for Pick-up
 - _____ Distribute on Final Day
- Others

Employee & System Administrator:

- User's File Transfer or archive (no AOA files to be deleted)
- Restrictions of User Account
- Temporary Re-route of Archdiocese Email Account Schedule Deactivation: _____
- De-activation of Access Codes Copier, Computers, Office

Agreed that the above information is true and correct.

Employee Signature: _____ Supervisor Signature: _____
 Accounting Signature: _____ HR Signature: _____
 System Admin Signature: _____ Deputy General Signature: _____